



Authorization: Automatic Withdrawal for Support For Westview

I (we) authorize Westview Retirement Community (Westview) to initiate withdrawals from my (our) account described below:

Checking Account #: _____
Savings Account #: _____
Effective Date: _____
General Donation: _____
Frequency Amount:
____ Weekley (Every Monday) \$ _____
____ 1st (Monthly) \$ _____
____ 15th (Monthly) \$ _____

Attach a voided check or provide the financial institution's routing number _____ (found between these symbols /: _ _ _ - _ _ _ / on the bottom left of your check. Authorization is to remain in full force and in effect until Westview has received a written notification from me (or either of us) of its termination in such time and manner as to afford Westview a reasonable opportunity to act on it.

Signature _____ (Optional-For Joint Account)
Full Name _____
Signarure _____
Address: _____
Full Name: _____
Date: _____ Date: _____
Phone # (Home): _____ Phone# (Cell): _____
Email Address: _____

Please mail this form to:
Westview Retirement Community
One Westview Drive
Grant, NE 69140

Please feel free to contact Ronda Hutt for additional information at (308) 352-2133.